F&B (02-08) SB/31 (01-08)

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES			Docket Number (Optional) 77012 - 325124		
In re Application of					
	Jay R. Machael et al.				
	Application Num	ber		Filed	
	10/750,576			December 30, 2003	
	For CHAIR BACK REST WITH IMPROVED RESILIENCE AND SUPPORT				
	Art Unit Examiner WHITE, Rod			ney Barnett	
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the examiner.					
The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ 540					
Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:					
A check in the amount of the fee is enclosed.					
☑ Payment by credit card. Form PTO-2038 is attached.					
☐ The Director has already been authorized to charge fees in this application to a Deposit Account.					
I have enclosed a duplicate copy of this sheet.					
☐ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment					
to Deposit Account No. 06-0029 I have enclosed a duplicate copy of this sheet.					
☑ A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
				/Benjamin S. Fernandez/	
I am the ☐ applicant/inventor.				Signature	
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assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed.			Benjamin S. Fernandez Typed or printed name		
(Form PTO/SB/96)					
X attorney or agent of record.			303/607-3709		
Registration number 55,172.			Telephone number		
attorney or agent acting under 37 CFR 1.34.					
Registration number if acting under 37 CFR 1.34.			October 15, 2009		
				Date	
NOTE: Signatures of all the inventors or assigness of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below?					

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

□ *Total of _____ forms are submitted.